MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/500929 APPLICANT(S)

FILING DATE

CL	ΔI	RA	C

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		,				
3						
4	i				 	
5	· · · · ·					
6						
7					 	
8		 			 	
9		 			ļ	
10		 				
11		 				
12	 					
13		 				
14		 			 	
					ļ	
15		\vdash				
16						
17						
18				· · · · · · · · · · · · · · · · · · ·		
19						
20		\vdash				
21						
22						
23						
24						•
25						
26						-
27			T			
28						
29						
30						
31	1					
32						
33						
34						
35		- 				
36		11				
37		1				
38		-				
39						
40		++			-	
41		+				
42						
43		\rightarrow				
43		- 				
		\longrightarrow				
45		1				·
46						
47						
48						
19				I		
50						
DTAL ND.		1		1		1
TAL EP.		* ├		- * }		*
EP.		CHIEV MARK	Text	Te. September		gent engit to their
TAL AIMS		40.2		TO CHICAGO		

ļ						
-	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	-			ļ		
52	ļ				ļ	
53	ļ	<u> </u>				
54	 					
55					<u> </u>	.,
56	ļ		ļ			
57						
58	<u> </u>	ļ			ļ	
59	 					
60						ļ
61					<u> </u>	
62			ļ		<u> </u>	
63	-					<u> </u>
64						
65					<u> </u>	
66					ļ	
67 68	 				ļ	
69						ļ
70						
71	 				<u> </u>	
72						
73	r					ļ
74						
75						
76						ļ ———
77	-					
78						
79						
80						ļ
81		• • •				
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94		ĺ			A	
95						
96						
97						
98						
99						
100					•.	
TOTAL IND.				_\$		1
TOTAL DEP. TOTAL CLAIMS				-		—
TOTAL	1	e const	P			
		A TANK AND A		AL SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF		THE PERSON NAMED IN

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS